



Montana Healthcare Programs Drug Prior Authorization Coverage Criteria

Vtama™ (tapinarof)

Review Criteria

Initial Coverage Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years of age
- Member must not be pregnant
- Member has trialed a preferred high potency steroid
- Member must have trialed a preferred calcipotriene agent

Limitations:

- Quantity limit is one (1) 60gm tube per 28 days
- Initial coverage authorization will be granted for 6 months

Renewal Coverage Criteria

Member must meet all the following criteria:

- Provider attests the member has shown improvement over baseline
- **Limitations:**
 - Quantity limit is one (1) 60gm tube per 28 days
 - Renewal authorization will be granted for 1 year